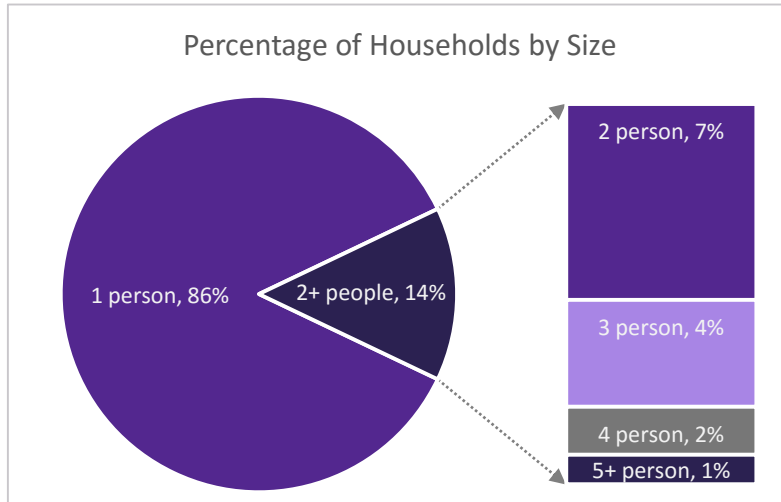


NY-523 - Glen Falls/Saratoga Springs/Saratoga County CoC

1/1/2016-3/31/2016

Overview – All Programs

Between 1/1/2016 and 3/31/2016, providers in the Glen Falls/Saratoga Springs/Saratoga County CoC served 566 people experiencing or at risk of experiencing homelessnessⁱ. 402 people were served in residential programs, with an additional 164 served in supportive services only programsⁱⁱ.

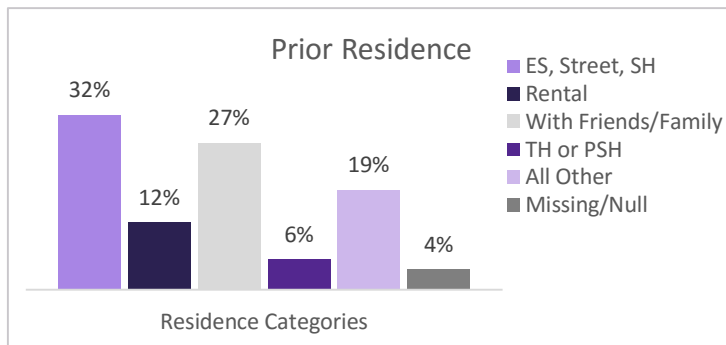


There were 452 households in the CoC, including 340 households without children (containing 354 individuals), 51 households with adults and children (containing 66 adults and 85 children), and 61 households with 61 unaccompanied minorsⁱⁱⁱ.

By gender, providers in the CoC served 242 (43%) women, 314 (55%) men and 8 (1.4%) trans-identified individuals.

The racial and ethnic breakdown of those served included 470 (83%) White, 72 (13%)

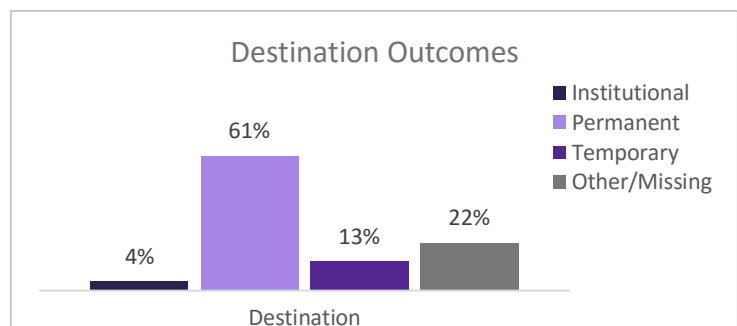
Black or African-American, 3 (0.5%) Asian, 1 (0.2%) Native Hawaiian or Other Pacific Islander, 4 (0.7%) American Indian or Alaskan Native, and 8 (1%) Multiple Races. 45 (8%) individuals identified as Hispanic/Latino regardless of race.



Of 481 adults or heads of household, 156 (32%) indicated a prior residence of Emergency Shelter, the streets or Safe Haven. Of these clients, 54 (35%) reported no previous episodes of homelessness within the last three years while 47 (30%), 17 (11%), and 26 (17%) had been homeless 2, 3, or 4+ times (respectively) during the same time frame. 12 (8%) did not report on this data element.

For those adults or heads of household who were in program a year or more and received an annual assessment (35), 22 (63%) saw an increase in income (cash and cash benefits) between admission and the most recent update. An additional 5 (14%) saw no change in income that was initially higher than zero^{iv}.

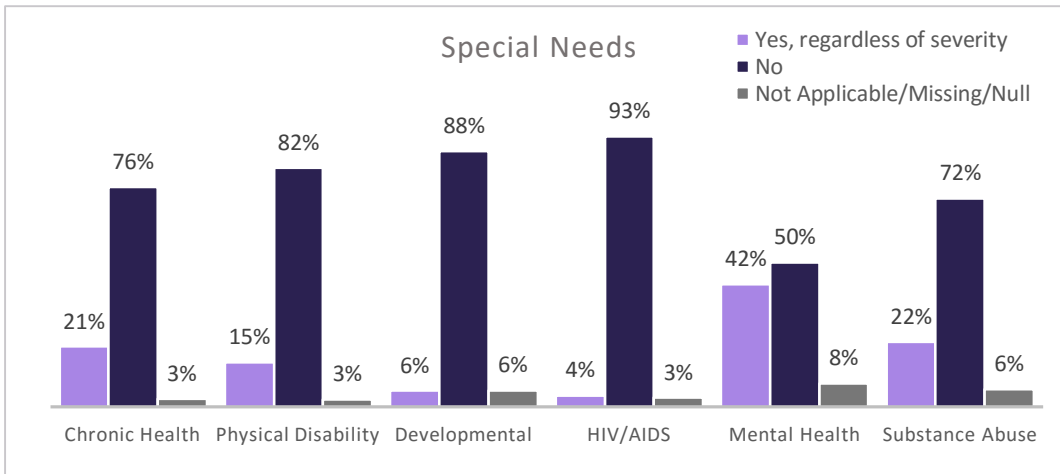
The total number of individuals discharged during the quarter was 200, which included 144 adults and 56 children. 121 (60%) individuals



were discharged to a permanent destination. Income for 32 (22%) clients over 18 rose between admission and discharge while 54 (38%) maintained stable income of greater than zero.

Special Needs – HUD and HHS Funded Programs Only

63% of adults (234/374) and 26% of children (35/133) in HUD or HHS funded self-reported at least one



physical, emotional, or other health condition *regardless of whether the condition had become serious enough to be disabling.* Among those reporting multiple conditions, the most significant comorbidity was Mental Health and Substance Use (79). When taking severity of condition into account,

154 adults reported conditions that met the criteria to be considered a disability.

Sub-Populations – All Programs

10 (2%) individuals over 18 met the criteria for chronic homelessness at the time of project entry. *Please note that HMIS began using HUD’s new definition of chronic homelessness effective 10/1/2015 and all individuals in program on or after that date are measured using this new definition, even if their program start date was prior to the change in definition taking effect.*

1 out of every 4 adults receiving services this quarter was a veteran (25%). Out of the 107 veterans served, 35 (33%) reported a disabling condition and 2 (2%) met the criteria for chronic homelessness at admission.

System Performance Measures – All Programs

On 1/1/16, HUD released 7 new System Performance Measures intended to leverage HMIS data in order to inform planning and track outcomes at the CoC-level. The measures will assist with assessing the overall success of community efforts to address, divert and end homelessness and include: number of homeless persons; number of first-time episodes of homelessness; length of time persons remain homeless; job and income growth during program stays and/or at discharge; placement in permanent destinations; returns to homelessness/recidivism. Additionally, these measures will play an important part in receiving and retaining Federal funding through the CoC Grant Competition.

Data quality and completeness play a major role in ensuring that the System Performance Measures accurately reflect the work being done within the CoC. CARES routinely tracks the health of HMIS data and this information may be found at www.caresny.org.

ⁱ Data breakdowns for subsequent categories may total less than this number due to differences in data reporting across funders, as well as data completeness. Information on **reporting methodology** and on **data completeness**, may be found at www.caresny.org

ⁱⁱ For the purposes of this report, any RRH enrollments are considered residential

ⁱⁱⁱ Data based on current age and household composition, which may differ from information reported at admission

^{iv} This measure includes individuals across all project types

Projects Included in Report

Emergency Shelter

CAPTAIN -- Malta Youth Center
CAPTAIN STEHP-Wait House STEHP Emergency Shelter
RPC Guardian House Emergency Beds
RPC Vets Emergency Bed Program
SOS Emergency Shelter Shelter

PH - Permanent Supportive Housing

AVH Perm Housing
City of Saratoga Springs Rental Assistance Program
OOCSSWC Community - Chronic
OOCSSWC Community - Families
OOCSSWC Community - Regular
OOCSSWC Community 2011
OOCSSWC Housing First - Chronic
OOCSSWC Housing First - Regular
OOCSSWC Shelter Plus Care 2010
RPC Center Street
RPC Northern Pines
Support Ministries - Ahana House
TSA MICA Supportive Housing
WWAMH Housing First Program

Transitional Housing

AVH Vets House
RPC Guardian House
RPC Vets House Program
Wait House TLP

Homelessness Prevention

Captain STEHP Program Prevention
CAPTAIN STEHP-Wait House Prevention
Legal Aid STEHP - Saratoga Washington Warren Prev
RPC SSVF Prevention

PH - Rapid Re-Housing

Captain STEHP Program
CAPTAIN STEHP-Wait House Rapid Rehousing
Captain STEHP Program Rapid Rehousing
RPC SSVF Program Rapid Rehousing

Services Only Program

HYC-SHP

Street Outreach

CAPTAIN RHY Outreach